

VENDOR APPLICATION/RENEWAL

ADMINISTRATOR CERTIFICATION PROGRAM

Mail the application and fee to CDSS, ACS, 744 "P" Street, M.S. 19-47, Sacramento, CA 95814

www.cclid.ca.gov

(1) Type of Program: (Check one box only; if applying for more than one program, submit applications separately.)

☐ **RCFE** (Residential Care Facility for the Elderly) ☐ **ARF** (Adult Residential Facility) ☐ **GH** (Group Home)

(2) Type of Application: (Check one box only) (IF RENEWAL, PROVIDE VENDOR APPROVAL NUMBER AND LIC 9139)

☐ New ☐ Renewal ☐ LIC 9139 not enclosed
(No CEU courses renewed)

(3) Type of Vendor: (Check one box only)

☐ 35/40 Hour Vendor (\$150 Processing Fee) ☐ CEU Vendor (\$100 Processing Fee)

(4) Organization/Vendor Name

Business Email Address

(5) Contact Person/Authorized Representative (print)

Website

Business Phone Number

Business FAX Number

(6) Vendor Mailing Address (Street Address, City, State, Zip Code)

(7) Vendor is a/an

☐ Individual ☐ University, College or School ☐ Provider Association
(Provide verification of Licensee Member Association)
☐ Partnership ☐ Non-Profit Organization
☐ Corporation ☐ Government Agency ☐ Other: _____
(Provide verification of incorporation)

(8) List each individual, contact person/Authorized Representative, partner, or board member and their title. (Board members include president, executive director, secretary, and treasurer.) Each person listed in this section must complete the back of this form (copy as needed).

NAME	TITLE	SOCIAL SECURITY NUMBER*

(9) I declare under penalty of perjury that the foregoing information is true and correct to the best of my knowledge.

(10) Print Name of Vendor/Authorized

Signature of Vendor/Authorized Representative

Title

Date

DO NOT WRITE BELOW THIS LINE

☐ Application/Renewal has been approved by:

Date

Approval Number _____

Expires

☐ Application/Renewal has been disapproved by:

Date

* Federal law (at Title 5 United States Code Section 552a Note) states that: Any federal, state, or local government agency which requests an individual to disclose his social security account number shall inform that individual whether that disclosure is mandatory or voluntary, by what statutory or other authority such number is solicited, and what uses will be made of it.

* Disclosure of Social Security Number(s) is optional.

PRINT NAME	
(11) Do you currently possess or have previously held a license, certification or other approval as a professional in a specified field? If yes, please indicate the type of license or certificate and number(s). <input type="checkbox"/> YES <input type="checkbox"/> NO	
(12) Have you held or currently hold a government-issued facility license to operate and provide services to individuals? If yes, please indicate the type of license(s) and license number(s). <input type="checkbox"/> YES <input type="checkbox"/> NO	
(13) Are you currently employed or were previously employed by a community care facility? If yes, please indicate the facility name(s) and license number(s). <input type="checkbox"/> YES <input type="checkbox"/> NO	
(14) Have you been the subject of any administrative, legal or other action involving licensure, certification, or other approvals as specified in (11), (12), and (13) above? If yes, please explain and provide dates. If additional space is needed, please attach to this application. <input type="checkbox"/> YES <input type="checkbox"/> NO	
I declare under penalty of perjury that the foregoing information is true.	
SIGNATURE	DATE

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